

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL****FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER:

0 0 — 0 2 1

2. STATE:

CA

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL  
SECURITY ACT (MEDICAID)TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

October 28, 2000 PJD

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 447.297

7. FEDERAL BUDGET IMPACT:

a. FFY 2001 \$ 0b. FFY 2002 \$ 0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19A, page 29aa

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable):

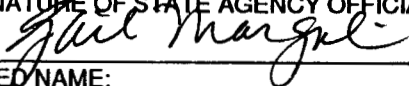
Attachment 4.19A, page 29aa

10. SUBJECT OF AMENDMENT: Disproportionate Share Hospital Payment Adjustment program,  
Clinical Teaching Support

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL☒ OTHER, AS SPECIFIED: The Governor's Office  
does not wish to review any State Plan  
Amendments.

12. SIGNATURE OF STATE AGENCY OFFICIAL:



13. TYPED NAME:

Gail L. Margolis

14. TITLE:

Deputy Director, Medical Care Services

15. DATE SUBMITTED: 12-28-00

16. RETURN TO:

Department of Health Services  
714 P Street, Room 1601  
P.O. Box 942732  
Sacramento, CA 94234-7320Attn: Barbara Hardiman  
State Plan Coordinator**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED: December 28, 2000

18. DATE APPROVED: March 27, 2001

**PLAN APPROVED - ONE COPY ATTACHED**19. EFFECTIVE DATE OF APPROVED MATERIAL:  
October 28, 2000

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:  
Linda Minamoto22. TITLE: Associate Regional Administrator  
Division of Medicaid

23. REMARKS:

- (iii) To the extent that the additional S.B. 1255 revenue described in subclause (i) would have reduced the hospital's OBRA 1993 limit in an amount that would have resulted in the hospital surpassing its OBRA 1993 limit for a previous payment adjustment year, the amount of the additional S.B. 1255 revenue that would have caused the hospital to surpass its OBRA 1993 limit for any such prior year shall be added to the S.B. 1255 revenue amount for the subject payment adjustment year as determined under clauses (b)-(e).
  - (iv) Subclauses (i) through (iii) shall not apply to a hospital participating in a federal Medicaid demonstration project, if such demonstration project provides a repayment arrangement agreed to by the parties regarding disproportionate share payment adjustment amounts.
- (5) "Targeted Case Management Revenues" (TCM\_RV).
- "Targeted Case Management Revenues" will be determined based on the results of the applicable hospital-specific survey.
- (6) "Uninsured Cash Payments" (UNINS\_RV).

Except as otherwise provided in this Section J, "Uninsured Cash Payment" will be derived from the applicable OSHPD report (as referred to in paragraph b of subsection 3). "Uninsured Cash Payments" shall be calculated as the sum of the inpatient and outpatient net revenues reported for "Other Payors" on page 12 of the OSHPD report. Consistent with section 1396r-4(g) of Title 42 of the United States Code, such sum shall not include payments made by the State, the University of California or a unit of local government to the hospital for services provided to indigent patients. The amount so determined from the applicable OSHPD report will be trended forward into the subject payment adjustment year (as referred to in subparagraph (1) of paragraph b of subsection 4).